

|                  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |          |  |  |                             |  |
|------------------|---|--|---|--|--|--|---|--|--|--|--|--|--|--|---|--|--|----------|--|--|-----------------------------|--|
| ADMINISTRATIVE   | OBTS NUMBER   |  | ARREST/NOTICE TO APPEAR<br>Juvenile Referral Report   |  |  |  |   |  |  |  |  |  | 1. Arrest<br>2. N.T.A.   |  | 3. Request for Warrant<br>4. Request for Capias   |  | 3  | Juvenile | No   |  |                             |  |
|                  | Agency ORI Number<br>FL0501700  |  | Agency Name<br>Jupiter Police Department  |  |  |  |   |  |  |  |  |  | Agency Report Number<br>54 - 19 - 000836   |  |   |  |  |          |  |  |                             |  |
|                  | Charge Type:<br>Check as many as apply<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  |   |  |  |  |   |  |  |  | Weapons Seized/Type<br>1. Yes<br>2. No<br>2  |  |  |  |   |  |  |          |  |  |                             |  |
|                  | Location of Arrest (Including Name of Business)   |  |   |  |  |  |   |  |  |  | Location of Offense (Business Name/Address)<br>Orchids of Asia Day Spa 103 S US Hwy 1 C2, Jup. |  |  |  |   |  |  |          |  |  | Date of Offense<br>01/22/19 |  |
| DEFENDANT        | Date of Arrest  |  | Time of Arrest  |  | Booking Date   |  | Booking Time  |  | Jail Date  |  | Jail Time  |  | Fingerprinted By:<br><input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal |  |   |  |  |          |  |  |                             |  |
|                  | Location of Vehicle   |  |   |  | Other Local Number   |  | FDLE Number   |  | DOC Number   |  | FBI Number   |  |  |  |   |  |  |          |  |  |                             |  |
|                  | Name (Last, First Middle)<br>Havens, John Paul  |  |   |  |  |  |   |  |  |  | Alias (Name, DOB, Soc. Sec. #, Etc.)   |  |  |  |   |  |  |          |  |  |                             |  |
|                  | Race<br>W - White<br>B - Black<br>I - American Indian<br>O - Oriental/Asian<br>W  |  | Sex<br>M  |  | Date of Birth<br>09/12/1956  |  | Height<br>6'0"  |  | Weight<br>unk  |  | Eye Color<br>blue  |  | Hair Color<br>bald   |  | Complexion<br>med   |  | Build<br>med   |          |  |  |                             |  |
| CO-DEF.          | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)   |  |   |  |  |  |   |  |  |  | Marital Status<br>unk  |  | Religion<br>unk  |  | Indication of:<br>Alcohol Influence<br>Drug Influence<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | Y<br>N<br>Un.<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |          |  |  |                             |  |
|                  | Local Address (Street, Apt. Number)<br>132 Gomez Rd.  |  |   |  | (City)<br>Hobe Sound   |  | (State)<br>FL   |  | (Zip)<br>33455   |  | Phone<br>( )   |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State   |  |   |  |  |          |  |  |                             |  |
|                  | Permanent Address (Street, Apt. Number)<br>same   |  |   |  | (City)   |  | (State)   |  | (Zip)  |  | Phone<br>( )   |  | Address Source<br>DL   |  |   |  |  |          |  |  |                             |  |
|                  | Business Address (Name, Street)   |  |   |  | (City)   |  | (State)   |  | (Zip)  |  | Phone<br>( )   |  | Occupation<br>unk  |  |   |  |  |          |  |  |                             |  |
| JUVENILE         | D/L Number<br>410985560   |  | D/L State<br>NY   |  | Soc. Sec. Number   |  | INS Number  |  | Place of Birth   |  | Citizenship<br>US  |  |  |  |   |  |  |          |  |  |                             |  |
|                  | Co-Defendant Name (Last, First, Middle)   |  |   |  | Race   |  | Sex   |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large                   |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile        |  |   |  |  |          |  |  |                             |  |
|                  | Co-Defendant Name (Last, First, Middle)   |  |   |  | Race   |  | Sex   |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large                   |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile        |  |   |  |  |          |  |  |                             |  |
|                  | <input type="checkbox"/> 1. Parent<br><input type="checkbox"/> 2. Legal Custodian<br><input type="checkbox"/> 3. Other:   |  | Name (Last, First, Middle)  |  |  |  |   |  |  |  |  |  | Residence Phone<br>( )   |  |   |  |  |          |  |  |                             |  |
| CHARGE           | Address (Street, Apt. Number)   |  |   |  | (City)   |  |   |  | (State)  |  | (Zip)  |  | Business Phone<br>( )  |  |   |  |  |          |  |  |                             |  |
|                  | Notified By: (Name)   |  |   |  | Date   |  | Time  |  | Juvenile Disposition<br>1. Handled/Processed within<br>Dept. and Released<br>2. TOT HRS/DCF<br>3. Incarcerated |  |  |  |  |  |   |  |  |          |  |  |                             |  |
|                  | Released To: (Name)   |  |   |  | Relationship   |  |   |  | Date   |  | Time   |  |  |  |   |  |  |          |  |  |                             |  |
|                  | The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address:<br>Yes, by: (Name) No: (Reason)  |  |   |  |  |  |   |  |  |  | School Attended  |  | Grade  |  |   |  |  |          |  |  |                             |  |
| CHARGE           | Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Description of Property   |  |  |  |   |  |  |  |  |  | Value of Property  |  |   |  |  |          |  |  |                             |  |
|                  | Activity<br>S. Sell<br>N. N/A<br>P. Possess   |  | S. Sell<br>B. Buy<br>D. Deliver<br>T. Traffic   |  | R. Smuggle<br>D. Deliver<br>E. Use   |  | K. Dispense/Distribute<br>Distribute                                    |  | M. Manufacture<br>Produce/<br>Cultivate  |  | Z. Other   |  | Type<br>N. N/A<br>A. Amphetamine   |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin   |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.   |          | P. Paraphernalia/<br>Equipment<br>S. Synthetic |  | U. Unknown<br>Z. Other      |  |
|                  | Charge Description<br>Solicit another to commit prostitution  |  |   |  | Counts<br>1  |  | <input checked="" type="checkbox"/> FSS<br><input type="checkbox"/> ORD |  | Statute Violation Number<br>796.07(5)(a)1  |  |  |  | Violation of ORD #   |  |   |  |  |          |  |  |                             |  |
|                  | Activity<br>N   |  | Drug Type<br>N  |  | Amount/Unit<br>N/A   |  | Offense #<br>19-000836  |  | Warrant/Capias Number  |  |  |  | Bond   |  |   |  |  |          |  |  |                             |  |
| CHARGE           | Charge Description  |  |   |  | Counts   |  | <input type="checkbox"/> FSS<br><input type="checkbox"/> ORD            |  | Statute Violation Number   |  |  |  | Violation of ORD #   |  |   |  |  |          |  |  |                             |  |
|                  | Activity  |  | Drug Type   |  | Amount/Unit  |  | Offense #   |  | Warrant/Capias Number  |  |  |  | Bond   |  |   |  |  |          |  |  |                             |  |
|                  | Charge Description  |  |   |  | Counts   |  | <input type="checkbox"/> FSS<br><input type="checkbox"/> ORD            |  | Statute Violation Number   |  |  |  | Violation of ORD #   |  |   |  |  |          |  |  |                             |  |
|                  | Activity  |  | Drug Type   |  | Amount/Unit  |  | Offense #   |  | Warrant/Capias Number  |  |  |  | Bond   |  |   |  |  |          |  |  |                             |  |
| CHARGE           | Charge Description  |  |   |  | Counts   |  | <input type="checkbox"/> FSS<br><input type="checkbox"/> ORD            |  | Statute Violation Number   |  |  |  | Violation of ORD #   |  |   |  |  |          |  |  |                             |  |
|                  | Activity  |  | Drug Type   |  | Amount/Unit  |  | Offense #   |  | Warrant/Capias Number  |  |  |  | Bond   |  |   |  |  |          |  |  |                             |  |
|                  | Charge Description  |  |   |  | Counts   |  | <input type="checkbox"/> FSS<br><input type="checkbox"/> ORD            |  | Statute Violation Number   |  |  |  | Violation of ORD #   |  |   |  |  |          |  |  |                             |  |
|                  | Activity  |  | Drug Type   |  | Amount/Unit  |  | Offense #   |  | Warrant/Capias Number  |  |  |  | Bond   |  |   |  |  |          |  |  |                             |  |
| NOTICE TO APPEAR | <input type="checkbox"/> Instruction No. 1<br>Mandatory Appearance in Court   |  | Location (Court, Room Number, Address)<br>North County Courthouse, 3188 PGA Blvd., Palm Beach Gardens, FL 33410 |  |  |  |   |  |  |  |  |  |  |  |   |  |  |          |  |  |                             |  |
|                  |   |  | Court Date and Time<br>Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.          |  |  |  |   |  |  |  |  |  |  |  |   |  |  |          |  |  |                             |  |
|                  | I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |          |  |  |                             |  |
|                  | Signature of Defendant (or Juvenile and Parent/Custodian)   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |  |          |  |  |                             |  |
| ADMIN            | HOLD for other Agency<br>Name:  |  |   |  | Signature of Arresting Officer<br>X  |  |   |  |  |  |  |  | Date Signed  |  |   |  |  |          |  |  |                             |  |
|                  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal<br>Intake Deputy  |  |   |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:<br>I.D.# |  |   |  | Name of Arresting Officer (Print)<br>Det. A. Sharp #412/1101   |  |  |  | I.D.#  |  |   |  | Name Verification (Printed by Prisoner)<br>(PRINT)   |          |  |  |                             |  |
|                  | Pouch #   |  |   |  | Transporting Officer   |  |   |  | I.D.#  |  |  |  | Agency   |  |   |  | Witness here if subject signed with an "X"   |          |  |  |                             |  |
|                  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  | PAGE<br>1 of 1   |          |  |  |                             |  |

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|               |  |  |  |  |   |  |  |  |                                |          |                |  |
|---------------|--|--|--|--|---|--|--|--|--------------------------------|----------|----------------|--|
| <b>ADMIN</b>  | OBTS Number  |  | <b>PROBABLE CAUSE AFFIDAVIT</b>  |  | 1. Arrest<br>2. N.T.A.  |  | 3. Request for Warrant<br>4. Request for Capias                            |  | 3                              | Juvenile | No             |  |
|               | Agency ORI Number<br><b>FL0501700</b>  |  | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b>                                  |  |   |  | Agency Report Number<br><b>54-19-000836</b>                                |  |                                |          |                |  |
|               | Charge Type:<br>Check as many as apply.  |  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |  | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | Special Notes:                 |          |                |  |
| <b>DEF</b>    | Name (Last, First, Middle)<br><b>Havens, John Paul</b>   |  |  |  |   |  |  |  | Alias                          |          |                |  |
|               | Victim's Name (Last, First, Middle)<br><b>State of Florida</b>   |  |  |  |   |  |  |  | Race                           |          | Sex            |  |
| <b>VICTIM</b> | Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>210 Military Trail, Jupiter, Florida 33458</b>  |  |  |  |   |  |  |  | Phone<br><b>(561) 746-6201</b> |          | Address Source |  |
|               | Business Address (Name, Street) (City) (State) (Zip)   |  |  |  |   |  |  |  | Phone<br>( )                   |          | Occupation     |  |
|               | The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law. The person taken into custody....<br><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.<br><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.<br>On the <u>22nd</u> day of <u>January</u> , <u>2019</u> at <u>1054</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest) |  |  |  |   |  |  |  |                                |          |                |  |

In October of 2018 members of the Jupiter Police Department began an investigation into criminal activity occurring at Orchids of Asia Day Spa, located at 103 S. US Highway 1 C2 in Jupiter. On January 17, 2019, covert surveillance equipment was installed in Orchids of Asia Day Spa pursuant to a sneak and peek warrant. The following narrative is a description of the illicit activity that took place.

Room Surveillance: Det. Jared Kenerson #406  
Room Camera # JPPD Cam 3

January 22<sup>nd</sup>, 2019, 1054hours – 1155hours

Defendant: John Paul Havens (W/M, 09/12/56) NY DL #410985560, wearing a purple sweater vest with white sleeves and light colored shorts/occupant of Jeep Grand Cherokee FL license plate 824 RLF.

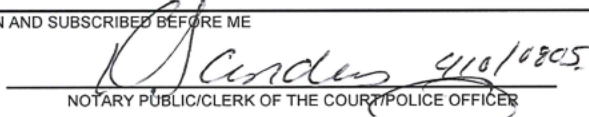

On Tuesday, January 22, 2019, video surveillance was conducted at the target business. At approximately 1140hrs, Havens enters the business, approaches the front desk, and pays an Asian female, previously identified as [REDACTED] who was behind the counter, for services utilizing cash, and he receives change back from [REDACTED] which was captured on JPPD Cam 5. [REDACTED] escorts Havens to a room, designated as JPPD Cam 3, where he gets naked, lays face down, and an [REDACTED] begins to massage his back and buttocks.

At approximately 1140 hours, Havens flips over and lays on his back. At approximately 1142 hours, the [REDACTED] grabs Havens' penis. [REDACTED] hugs the male and he puts his hand down her pants. She grabs his penis again and he sits up and pulls her toward him. At approximately 1144 hours, the [REDACTED] right arm and hand are between her and Haven, reaching downward. Haven reaches his right hand toward the [REDACTED] buttocks area and she leans over her buttocks is visibly bare.

At approximately 1152 hours [REDACTED] begins manually manipulating Haven's penis. She then wipes his genital area. At 1154 hours Havens gets dressed, takes out his billfold and hands [REDACTED] cash. He leaves at 1155 hours,

Surveillance on scene: At approximately 1054hrs, a white male, later identified as John Paul Havens (W/M, 09/12/56) enters the establishment through the front door. At approximately 1155hrs, Havens exits the front door and travels to a vehicle, a Jeep Grand Cherokee, bearing FL# 824RLF; this was observed by Agent Naccarato #311. A traffic stop was conducted on the vehicle by Officer Palladino; the male was the driver of the vehicle and was positively identified by NY driver's license as John Paul Havens (W/M, 09-12-56) NY DL #410985560.

Based on the aforementioned investigation, I have probable cause to believe John Paul Havens (W/M, 09-12-56), did solicit, induce, entice, or procure another to commit prostitution, lewdness, or assignation, contrary to Florida Statute 796.07(5)(a)1.

|               |  |  |
|---------------|--|--|
| <b>ADMIN.</b> | SWORN AND SUBSCRIBED BEFORE ME   |  |
|               | <br>NOTARY PUBLIC/CLERK OF THE COURT/POLICE OFFICER | <br>SIGNATURE OF THE ARRESTING/INVESTIGATING OFFICER |
|               | <b>February 22, 2019</b><br>DATE   | <b>Det. A. Sharp #412</b><br>NAME OF OFFICER (PLEASE PRINT)  |
|               |  | <b>February 22, 2019</b><br>DATE   |

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